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APPLICANTS

Andre Bremond, Veretz, FRANCE;

Philippe Merceron, Vernon/Brenne, FRANCE;

\*\* CONTINUING DATA \*\*\*\*\* *new* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Y* \*\*\*\*\*  
 FRANCE 00/06573 05/23/2000

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 3	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS  
 00500  
 SEED INTELLECTUAL PROPERTY LAW GROUP PLLC  
 701 FIFTH AVE  
 SUITE 6300  
 SEATTLE, WA  
 98104-7092

TITLE  
 Series protection device for a telephone line

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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